

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141										
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com										
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 34785 - BROOKLINE <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 45%; border: 1px solid black; padding: 5px;">CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 50%; text-align: center; border: 1px solid black; padding: 10px;">59167607 RIRI</div></div> <div style="text-align: center; margin-top: 10px;">File with: Secretary of State, RI</div>										
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY										
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200705680880 11/29/2007 SS RI			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13							
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement										
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8										
4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law										
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <u>AND</u> Check <u>one</u> of these three boxes to: This Change affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b										
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)										
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">6a. ORGANIZATION'S NAME KINGFIELD INTERNATIONAL, LTD.</div><div style="width: 60%; border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 5px;">OR</div></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">6b. INDIVIDUAL'S SURNAME</td><td style="width: 20%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 20%; padding: 5px;">SUFFIX</td></tr></table>					6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX							
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)										
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">7a. ORGANIZATION'S NAME</div><div style="width: 60%; border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 5px;">OR</div></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">7b. INDIVIDUAL'S SURNAME</td><td style="width: 60%; padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td style="width: 40%; padding: 5px;"></td><td style="width: 60%; padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td></tr><tr><td style="width: 40%; padding: 5px;"></td><td style="width: 60%; padding: 5px;">SUFFIX</td></tr></table>					7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME		INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME									
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)									
	SUFFIX									
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">7c. MAILING ADDRESS</td><td style="width: 20%; padding: 5px;">CITY</td><td style="width: 10%; padding: 5px;">STATE</td><td style="width: 20%; padding: 5px;">POSTAL CODE</td><td style="width: 10%; padding: 5px;">COUNTRY</td></tr></table>					7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY						
8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:										
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor										
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">9a. ORGANIZATION'S NAME BANK RHODE ISLAND</div><div style="width: 60%; border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 5px;">OR</div></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">9b. INDIVIDUAL'S SURNAME</td><td style="width: 20%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 20%; padding: 5px;">SUFFIX</td></tr></table>					9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX							
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: KINGFIELD INTERNATIONAL, LTD. 59167607 Loan Servicing 725 - 0725										

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

200705680880 11/29/2007 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

BANK RHODE ISLAND

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13); Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fit

13a. ORGANIZATION'S NAME

KINGFIELD INTERNATIONAL, LTD.

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

KINGFIELD INTERNATIONAL, LTD. - 30 DE SOTO STREET , PROVIDENCE, RI 02909

Secured Party Name and Address:

BANK RHODE ISLAND - PO BOX 9488 , PROVIDENCE, RI 02940

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest):

17. Description of real estate: